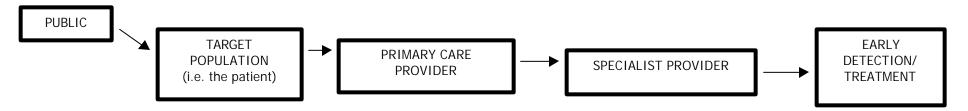
8-26-02 DRAFT Ideal Model for Patient Issues

COMMITTEE WORK PRODUCT Conference Presentation



IDEAL MODEL FOR CANCER CONTROL

Step 1: Refine the above model to make it specific for the committee's cancer site.

- 1. All interactions occur with consideration to issues of disparity and cultural, religious, language, and age barriers of patients.
- 2. Timely access to information and resources for decision making pertaining to diagnosis, treatment, symptom management and long-term survivorship.
- 3. Mandated cancer services, which include screening, diagnostic testing, treatment, and palliative and support services with the provider of choice in the treating facility whenever possible or suitable alternate location.
- 4. On-going professional education for practitioners pertaining to issues of disparity and cultural competencies, and resource identification in both training curriculums and licensure renewal practices.
- 5. On-going programs for cancer survivors pertaining to follow-up and job re-training.

PROBLEMS IN MARYLAND

Step 2: Identify the problems within each of the above categories that cause gaps in the cancer control process. These problems may stem from existing knowledge, attitudes, and beliefs, availability and access to resources, and/or policy.

SOLUTIONS FOR MARYLAND PROBLEMS

Step 3: Identify possible solutions for each of the problems (these become the *objectives* for cancer control).

Problem #1 - Access to Information & Resources	Solution #1
1) Disease process a) Difficulty in getting timely diagnosis & treatment – education for decision making b) Treatment options 2) Financial Issues 3) Psycho-social Issues 4) Long-term survivorship 5) Screening recommendations 6) Genetic counseling	 Website w/ 800 # & Bookmark Patient Navigator Tool Oncology Specialist to identify resources Transportation support Occupational support
Problem #2 - Financial Issues	Solution #2
 Transport to treatment Child/elder care Respite care Medications Co-pays Un/under insured cost issues Employment & Disability (lost wages) Healthcare & Legal Issues (wills, confidentiality) Life Insurance policies (viaticals) Occupational discrimination Fertility services Home care costs Funding for mental health services Funding for Physical & Occupational therapies Coverage for comprehensive screening (other cancers) 	
Problem #3 - Psycho-Social Issues	Solution #3
 Practitioners not sensitive to Pt. Needs Cultural sensitivity Shortage of trained practitioners to offer counseling for patients (incentives, scholarships) 	

4) Societal stigma 5) Communication issues (what to ask for) 6) Advocacy 7) Familial roles (support, relationships, change in status/situation) 8) Work & School relationships 9) Body images 10) Depression & stress (anger, fear, anxiety) 11) Medication & treatment induced symptoms (fatigue, stress, confusion, memory loss/ cognition, depression, etc.) 12) Loss of control & in/dependence issues 13) Fear of recurrence 14) Advance directives Problem #4 - Long-term Survivorship Solution #4 1) Assisted living costs 2) Occupational/ job reintegration 3) Medical follow-up (side effects, I/t effects, recurrence, screening for & predisposition to other cancers, routine healthcare checks, issues of prevention & risk reduction, wellness, etc.) 4) Assessment & development of Pt. needs & coping mechanisms ("the new normal") 5) Adult & Pediatric issues

Step 4: Where possible, identify strategies for accomplishing these solutions.

Step 5: Where possible, identify responsible parties for implementing these strategies.

Note: Keep in mind the outline structure to be used in the final publication of the Cancer Plan:

- 1) Goal
 - a) Objective
 - i) Strategy
 - (1) Responsible Parties